



COMMONWEALTH of VIRGINIA

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
600 East Broad Street, Suite 1300
Richmond, VA 23219

December 9, 2008

ADDENDUM No. 1 TO VENDORS:

Reference Request for Proposal: RFP 2009-02
Dated: November 21, 2008
Due: January 6, 2009

See attached questions and responses related to the referenced RFP.

Note: A signed acknowledgment of this addendum must be received by this office either prior to the due date and hour required or attached to your proposal response. Signature on this addendum does not substitute for your signature on the original proposal document. The original proposal document must be signed.

Sincerely,

William D. Sydnor

William D. Sydnor
Contract Management Director

Name of Firm: _____

Signature and Title: _____

Date: _____

RFP 2009-02
Enrollment Broker Services

Questions - Responses

Question Number	RFP Section Reference	RFP Page Number	Question	Response
1	2.1	16	What are the names of the Medicare Advantage plans that VALTC have the opportunity to enroll in?	DMAS has not finalized its procurement of VALTC MCOs as of this date. DMAS expects to know the names of the plans by December 19, 2009.
2	2.5	18	Since the Department sends enrollment mailings through its contracted mailing vendor, who is responsible for sending out notifications for program changes?	If the <i>program change</i> is at the DMAS level, e.g., managed care expansion, DMAS sends this information. The MCO sends member and provider notices regarding MCO specific program changes. The EB is not responsible for mailing of notices for program changes.
3	3.3	21	This section requires the contractor to operate an office in the Richmond metropolitan area. Please clarify whether or not the <u>call center</u> is required to be in the State of Virginia.	The call center is not required to be in the State of Virginia. The Contractor must provide the capacity for the Department to monitor calls remotely and timely at no cost to the Department. The Offeror's proposal must include a description of method that it will provide to enable the DMAS EB Contract Monitor to perform routine monitoring of CSR calls for all

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				populations covered under the contract resulting from RFP 2009-02.
4	3.3	21	What are the requirements of the office that must be maintained in the Richmond metropolitan?	See response above #3.
5	n/a		If a new vendor is awarded the Enrollment Broker contract, will the vendor be able to take over the space/lease for the current Richmond office?	No.
6	3.8	27	Does the current Richmond office allow for members to walk in and enroll?	No, not at this time.
7	3.10	29	The RFP references outreach in support of the VALTC Pilot. Should Bidder's assume the need to include funding for community outreach or is outreach limited to phone calls/call center efforts?	Outreach for the Enrollment Broker is limited to phone calls/call center efforts. Community outreach is not expected.
8	3.11	30	The RFP references the annual open enrollment schedule. Please provide the assumptions and volumes associated with annual open enrollment for individuals enrolled into the VALTC program during the Tidewater Pilot.	DMAS estimates that between 14,000–15,000 VALTC participants will be eligible for Tidewater open enrollment. While unsure of the exact percentage that will call in during open enrollment, we do estimate that the percentage

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				will be somewhat higher than the open enrollment calls made during the Medallion II population due to this group's greater service needs.
9	3.13	31	Are participants allowed to disenroll from the managed care program through the enrollment broker?	The Enrollment Broker shall be responsible for the disenrollment and re-enrollment of mandatory managed care recipients from one MCO or PCP to another, according to guidelines set forth by the Department for each population (MEDALLION, Medallion II, and VALTC). The Enrollment Broker shall develop a system to assign reason codes for disenrollments, in accordance with Department standards. The Enrollment Broker is responsible to capture and refer exemption and good cause requests outside of the established timeframes using a process agreed upon by the Department.

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10	3.26-3.32	39-43	Is the requirement for the Enrollment Broker to send and receive files from the VAMMIS?	The Enrollment Broker must receive two recipient files and two provider files as documented in the RFP. Please refer to sections 3.28, 3.30, and 3.31 for details. There is no requirement for the Enrollment Broker to send files to the VAMMIS.
11	3.26-3.32	39-43	Will the Enrollment Broker's file transfer to the VAMMIS contain participant enrollment information or are all participant enrollments input directly into the VAMMIS.	The requirement is to enter all participant enrollments directly into the VAMMIS.
12	3.26-3.32	39-43	What is the frequency of file transfers between the enrollment broker and the VAMMIS, nightly, weekly and/or monthly?	Please refer to RFP sections 3.28, 3.30, and 3.31 which describe the frequency of each file transfer.
13	3.26-3.32	39-43	Is there a requirement for the Enrollment Broker to send 834 transactions?	No.
14	3.26-3.32	39-43	Does the enrollment broker send PCP assignments to the MCO?	No.
15	3.26-3.32	39-43	Is there a reconciliation process between	There is no reconciliation

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			the enrollment broker system and the VAMMIS?	processing currently in place. In general, recipient and provider file updates are accomplished through full file replacements. Enrollments are handled through direct data entry into VAMMIS.
16	3.26-3.32	39-43	What is the process for error checking between the Enrollment Broker system and the VAMMIS?	VAMMIS is the system of record for resolution of any discrepancies. Also, see response to reconciliation question above.
17	3.26-3.32	39-43	How are members uniquely identified in the VAMMIS?	Twelve digit Medicaid ID (ENRL_ID in RS-F-285).
18	n/a		Who are the current sub-contractors working on the contract?	The current contractor uses Commonwealth Mailing Services for printing member materials; Language Line Services to refer language related calls in support of this contract.
19	7.2 Attachment I	55 & 83	The RFP asks for a minimum of three (3) references. However, later states that “the proposal must include references from all state governments that the Offeror is currently under contract with for similar services outlined in this RFP.” Some	Yes.

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			bidders have similar active contracts with a multitude of state governments and/or Medicaid agencies. In lieu of obtaining written references from all active similar projects, <u>is it acceptable to comply with the requirement that bidders obtain a minimum of three (3) written references and provide customer contact information and project descriptions for all other active contracts for similar (Enrollment Broker) contracts?</u>	
20	9.22	71	What will State do, should funds become unavailable before or after this Contract between the parties is executed?	If funds become unavailable <u>before</u> a contract is executed, then the contract will not be executed. If <u>after</u> a contract is executed, the contract will be terminated and the contractor will be paid for work to that point